_	AMENI	MENT T	RANSMI'	ITAL LE	ETTER	Expedit	ed Procedure
	Application	i i	Filing Dat		Examine		Group Art Unit
	09/784,85	52	February 16,	2001	A. A. Casc		2676 ocket No.
•	plicant(s): Akil	niro Hino and K	Centaro Motom	ura			El 3.0-045
· •	vention: IMAGE AND P	ROGRAM	·		APPARATUS,	RECORDIN	IG MEDIUM,
						2004	
							2 2004
f	ne lee has beel					echnology	Center 2600
CLAIMS AS AMENDED Claims Highest							
		Remaining After Amendment	Number Previously Paid	Number Extra Claims Present	Rate		
ļ	Total Claims	13	- 25 =		x		0.00
	Independent Claims	8	- 12 =		×		0.00
ı	Other fee (pleas		OR THIS AMEN	NDMENT:			0.00
	TOTAL ADDIT						
	x Large Entity	•			Small En	itity	
			d for this amer	ndment.	Small En	itity	
	x Large Entity x No additional	al fee is require ge Deposit Acc	ount No.	iı		·	
	x Large Entity x No additional Please char A duplicate	al fee is require ge Deposit Acc copy of this she	count No. eet is enclosed	iı	n the amount of		·
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	x Large Entity x No additional Please char A duplicate A check in the	al fee is require ge Deposit Acc copy of this she he amount of \$ ssioner is herel	eet is enclosed	io to cover	n the amount of the filing fee is e	enclosed.	
	x Large Entity x No additiona Please char A duplicate A check in to x The Commissions described	al fee is require ge Deposit Acc copy of this she he amount of \$ ssioner is herel d below. A dup	eet is enclosed oy authorized to	io to cover	n the amount of the filing fee is e	enclosed.	
	x Large Entity x No additiona Please char A duplicate A check in to x The Commissions described	al fee is require ge Deposit Acc copy of this she he amount of \$ ssioner is herel	eet is enclosed oy authorized to	io to cover	n the amount of the filing fee is e	enclosed.	12-1095
	x Large Entity x No additiona Please char A duplicate A check in the The Commissions described x Credit a	al fee is require ge Deposit Acc copy of this she he amount of \$ ssioner is herel d below. A dup ny overpaymer	eet is enclosed by authorized to dicate copy of the fit.	to cover to charge and this sheet is e	n the amount of the filing fee is e	enclosed.	
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	x Large Entity x No additiona Please char A duplicate A check in the The Commissions described x Credit a	ge Deposit Accopy of this she amount of \$ ssioner is hereld below. A dup ny overpaymer any additional filitation.	eet is enclosed by authorized to dicate copy of the fit.	to cover to charge and this sheet is e	the amount of the filing fee is e credit Deposit A enclosed.	enclosed. Account No.	

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 1450, on the date shown below.

Dated: November 24, 2004

Signature:

(Jonathan A. David)